

# ***UNDERSTANDING TRICARE***

## **Retirees (under 65), Their Family Members, and Others**

	<b>TRICARE Prime</b>	<b>TRICARE Extra</b>	<b>TRICARE Standard</b>
<b>Annual Deductible</b>	None	\$150/individual or \$300/family	\$150/individual or \$300/family
<b>Annual Enrollment Fee</b>	\$230/individual \$460/family	None	None
<b>Civilian Cost Shares</b>		20% of negotiated fee	25% of allowed charges for covered service
<b>Outpatient Emergency Care Mental Health Visit</b>	\$12 \$30 \$25 \$17 (group visit)		
<b>Civilian Inpatient Cost Share</b>	Greater of \$11 per day or \$25 per admission; no separate copayment for separately billed professional charges	Lesser of \$250/day or 25% of negotiated charges plus 20% of negotiated professional fees	Lesser of \$535/day or 25% of billed charges plus 25% of allowed professional fees<
<b>Civilian Inpatient Skilled Nursing Facility Care</b>	\$11/day (\$25 minimum) charge per admission	\$250 per diem cost share or 20% cost share of total charges, whichever is less, institutional services, plus 20% cost share of separately billed professional charges	25% cost-share of allowed charges for institutional services, plus 25% cost-share of allowable for separately billed professional charges.
<b>Civilian Inpatient Behavioral Health</b>	\$40 per day; no charge for separately billed professional charges	20% of total charge. Plus, 20% of the allowable charge for separately billed professional services	High Volume Hospitals - 25% hospital specified per diem, plus 25% of the allowable charge for separately billed professional services; Low Volume Hospitals - \$175 per day or 25% of the billed charges, whichever is lower, plus 25% of the allowable charge for separately billed services

**Note: Our Supplemental Programs help you pay these “Out of Pocket” Costs!  
See our Brochures for Standard and Prime!**